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ABSTRACT

Presented as a resource for administrators are three of a 10-part series on mainstreaming handicapped children. Each part includes a discussion of practical concerns, a self-evaluation quiz on current research, and an annotated bibliography. The first part provides an overview of definitions, concerns, legalities, and research on mainstreaming, while part 2 examines the nature of special support services. The final section explores the role of the teacher and examines teacher concerns and competencies. (CL)

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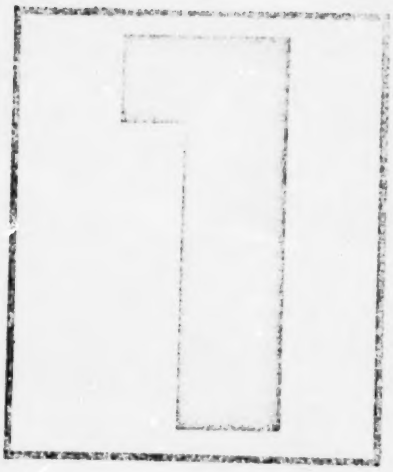
Mainstreaming the Handicapped



Topic One: OVERVIEW

A. Definitions

B. Concerns

C. Legalities

D. Research on Behavioral Observation of Mainstreamed Handicapped

E. Bibliography

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INTRODUCTION

This document is the first part in a ten part series on MAINSTREAMING THE HANDICAPPED.

Topic One: Overview

As an overview, TOPIC ONE examines mainstreaming under the following aspects: definitions, concerns, legalities, research, and bibliography.

Components

EACH TOPIC in the series will have the following components:

COMPONENT	ITS PURPOSE
Practical concerns	The reader comes in contact with the practical concerns of practitioners.
Self-evaluation quiz on current research	The reader tests the accuracy and recency about the current research findings.
Annotated bibliography	The reader has a choice of relevant pre-selected reading directly focused on the mainstreaming component under analysis.

Feedback Requested

This material is assembled to provide the busy administrator with a convenient up-to-date resource on how best to help handicapped students mainstreamed into the regular high school program. The author welcomes feedback, comments, criticisms, and suggestions from readers.

OVERVIEW

The following information identifies the contents of this document and where to find the material described.

The following is contained in this document.	It is found beginning on the page listed below.
I. A multi-level definition of mainstreaming is given.	1
The bibliography supporting this definition is listed.	2
II. A candid look at Mainstreaming is provided by a synopsis of the concerns of 14 high school administrators conducting occupational programs for the handicapped alongside non-handicapped peers.	3
III. The legal definitions in force and in N.Y.S. in 1977 are cited, in parallel with pertinent laws and funding sources.	5
IV. A self-evaluation test is provided. This quiz enables educators to review the principles upon which psychology in 1977 observes the mainstreamed handicapped individual.	8
Answers are provided for a quick check-up.	10
Additional bibliography offers suggestions for staff development reading.	11

Synopsis of

MAINSTREAMING

Literature and Bibliography

1. Definition:

A. The provision of educational services within the regular classroom to all but the most severely handicapped children.
B. A legal responsibility on the part of school systems to provide a free public education in the "least restrictive environment" for all handicapped children.
C. The assumption that the educational system is responsible for meeting the individual needs of all students.
D. The integration of handicapped children into regular classrooms within a system based upon a continuum of educational services.
E. A continuum of services ranging:

(1) From total education within a regular classroom for the mildly handicapped.
(2) To highly specialized services outside of the public school system for the most severely handicapped.

F. A program that includes:

(1) A favorable learning experience both for handicapped and regular students.
(2) Regular and special teachers and administrators sharing equally in planning and implementation.
(3) Regular and special teachers prepared for these roles.
(4) Appropriate instructional materials, supportive services, and pupil personnel services provided for the teacher and the handicapped student.
(5) Modifications made in class size, scheduling, and curriculum design to accommodate the shifting demands that mainstreaming creates.
(6) Systematic evaluation and reporting of program developments.
(7) Adequate additional funding and resources provided for mainstreaming and used exclusively for that purpose.

G. Access to the full range of educational opportinities to which the handicapped are entitled.

BIBLIOGRAPHY on
Mainstreaming

Gregory G. Morrison. Student Placement. Columbia, S.C.: Appalachian Council of Governemnt (1976).

This book matches objectives with workable strategies.

Its appendix contains usable forms that have been field-tested.

Scott L. Parker. Improving Occupational Programs for the Handicapped. Washington, D.C.: U.S. Dept. of HEW: Office of Education (1977). (OER-0-72-5226).

This document focuses on meeting student needs.

It contains a program evaluation checklist and abstracts of model programs.

Robert R. Lauritsen. Improved Vocational, Technical, and Academic Opportunities for Deaf Persons. St. Paul, Mn: St. Paul Technical Vocational Institute (1974).

This report is factual and readable. It analyzes special services needed in mainstreaming.

Ewald Nyquist. MAINSTREAMING: Idea and Actuality. Albany, NY: NYS Education Dept. (1975).

Many definitions are given.

An eclectic summary is provided.

Christopher DeBusk. Vocational Training and Job Placement of the Mentally Retarded. Washington, DC: Rehabilitation Services Administration (1973).

The job placement process is analyzed.

Practical examples are given.

2. Assumptions:

A. Placement of a student along the continuum should be based exclusively upon consideration of the student's educational needs.
B. Ideally, teachers would be provided support services to enable them to meet the needs of students within the classroom.
C. The role and responsibilities of the regular classroom teacher are greatly changed as a result of the inclusion of handicapped children in the classroom.
D. Teachers will need to exercise a wide range of skills beginning the child's education.
E. Many of these skills will not have been required of a teacher in previous classroom experience.

3. What Mainstreaming Is Not:

A. The inclusion of all but the most severely handicapped children in regular classrooms without adequate consideration of the impact on the classroom or teacher and without the provision of additional support services.
B. Laying off special educators, that is, those persons most able to provide essential support services.
C. No plans or preparation for organizational adaptation which places handicapped and special children into regular classrooms with poor quality teaching and learning and many teachers resisting mainstreaming not because they dislike the handicapped but because they feel ill prepared to work with students who require extra and special attention because of their physical, emotional, or mental handicaps.
D. The segregation of handicapped children in special classrooms and institutions.
E. Segregating groups of people from the "mainstream" of society.
F. Labeling of children.
G. A total conversion in the sense that all handicapped children will now attend regular classes exclusively.

A Candid Look at Mainstreaming

1. Mainstreaming is any attempt to integrate students at one level of functioning with students at a higher level of functioning. This goes beyond "exposure" wherein students are physically in a classroom or learning situation without being integrated into the higher level of functioning. For example, in this sense, the integration of TMR into EMR classes is a form of mainstreaming.

2. Mainstreaming can occur when handicapped students are placed in a regular classroom without any announcement or fanfare. However, this is unlikely. Unless special services are provided to integrate the student into a higher level of functioning, physical presence in a classroom may be little more than exposure that doesn't quite add up to education.

3. Once the superintendent defines, encourages, and supports the thrust of mainstreaming, a number of positive forces can come into play.

4. Two positive forces for mainstreaming are a common building and a common faculty room.

5. Class size and rigidity are recognizable forces. Anytime, any teacher has more than one student, class size can become an issue. Anytime, any change is proposed, rigidity can manifest itself, no matter how the change is proposed.

6. With a wide range of students, instructors must be able to provide an extensive array of learning environments. Diversity of instructional patterns includes such alternatives as less talk and more hands-on work. Teachers are forced to be more flexible and more patient in lesson planning, performance paths, training time, and career consciousness.

7. It is important that the student participate actively in a higher level of functioning to achieve mainstreaming. This requires careful screening to determine at which level the prospective student can and will function effectively.

8. When interviewing or screening a handicapped individual for a job, the employer has many concerns: (1) SKILL: Can the worker perform on an entry level? (2) DATA: Can the worker learn on the job? (3) PEOPLE: Can the worker fit in with the job and company structure? (4) THINGS: Can the worker function in the environment we have or can reasonably modify?

9. Employers seldom ask other questions: (1) SKILL: Did it take the applicant 9 months or 15 months to acquire the job skill demonstrated during the interview or hiring examination? (2) DATA: Was the applicant trained up to standards in a mainstreamed classroom or in a special classroom?

10. By contrast, employers often ask certain other questions: (3) PEOPLE: Can the applicant get along with co-workers and supervisors? (4) THINGS: Can the applicant perform in a normal working environment such as the one we have?

11. Any applicant, whether handicapped or not, who can DEMONSTRATE acquired skills, LEARN on the job, GET ALONG with others, and FUNCTION within the available resources can get a job if a job is available.

12. Turning anyone into an applicant means recognizing the fact that applicants are END PRODUCTS. Few if any students start out being qualified enough to be considered applicants. Teachers must come up with reasonable STARTING POINTS, or prerequisites, or entrance requirements.

13. A teacher is a professional with demonstrable competencies. Trainees are sub-professionals who still need to acquire competencies. School boards are not teacher training agencies. Such things as supervisory conferences on how to match grades with both skills and attendance can be seen as "tune-ups" or as "in-service" staff development opportunities. Staff development doesn't presume the teacher starts at zero. Staff tune-ups acknowledge the continual need for communication, understanding of co-workers, and updating.

14. Working with people struggling to make a living is a necessary experience for success in life and in teaching. A rigid structure needs flexible and experienced adults like this to meet the needs of untrained unruly, immature, inexperienced, and easily bored students.

INTRODUCTION

A behavioral disorder is an observable abnormal pattern of conduct or personality that interferes with normal human growth and development. Behavioral problems of adults and children are especially noticeable in the following areas: daily living, education, reading, writing, arithmetic, employment training, career awareness and development, lifelong learning, social poise, and self-concept. Two readily discernible difficulties in children are aggression and withdrawal, i.e., respectively, conduct problems and personality problems.

Both handicapped and non-handicapped children can manifest behavioral problems. Some handicapped children and adults manifest few if any behavioral disorders. This is a tribute to their inner strength which many of them developed in spite of deprivation, institutionalization, abuse, segregation, stereotyping, regimentation, and neglect. There is an observable difference between a behavioral disorder and a physical handicap. There are more subtle distinctions which are spelled out in the following series of self-quizzes. For example, most observers can immediately distinguish aggression which is an excessive approach response from withdrawal which is an excessive avoidance response. The same observers are not as familiar with typical legal definitions of the handicapped.

The following pages summarize actual legal definitions in force and in use in New York State in 1977.

Some definitions are repeated twice since they fall under two different laws or funding appropriations.

Section 200.2 State aid to school districts for the education of pupils with handicaps. For the purposes of apportionment of special services aid under section 3602 of the Education Law, the definitions of severely handicapped pupils shall be:

(1) Severely crippled and health impaired--a child who must function in a physical environment specially designed, or who needs medication intervention and/or maintenance.

(2) Severely handicapped (deaf)--a child with a hearing handicap in excess of 80 decibels (ISO) in the better ear whose degree and type of hearing loss is so severe that spoken language cannot be acquired normally and whose receptive and expressive communication skills are so limited that additional supportive services are provided.

(3) Severely emotionally disturbed--a child whose emotional disturbance is so severe that the child is unable to relate to other children and may have an absence of speech, and in addition needs the support of clinical services. A severely emotionally disturbed child is one whose condition has been determined to be such by a school psychologist, a psychiatrist, or by an approved mental health clinic.

(4) Multiply handicapped--a child who, because of the multiplicity of his handicapping conditions, requires intervention by more than one certified specialist in the area of education of the handicapped. For purposes of this section, visually impaired children shall be included, but those children whose second handicap is solely in the area of speech shall not be included.

(5) Trainable mentally retarded--a child who, on the basis of a comprehensive evaluation, such evaluation to include an individual psychological examination, is determined to possess general intellectual capacity that falls lower than three standard deviations below the mean of the general population, cannot profit from programs established for the educable mentally retarded, but may be expected to profit from special programs for the trainable.

For the purposes of apportionment of weighted aid pursuant to Section 3602 of the Education Law, the definitions of pupils with handicapping conditions shall be:

(1) Trainable mentally retarded--a child who on the basis of a comprehensive evaluation, such evaluation to include an individual psychological examination, is determined to possess general intellectual capacity that falls lower than three standard deviations below the mean of the general population, cannot profit from programs established for the educable mentally retarded, but may be expected to profit from a special education program for the trainable.

(2) Educable mentally retarded--a child who on the basis of a comprehensive evaluation, such evaluation to include an individual psychological examination, is determined to possess general intellectual capacity that falls lower than 1.5 standard deviations below the mean of the general population, cannot profit from regular classroom instruction, but may be expected to profit from a special education program.

(3) Severely speech impaired--a child with unintelligible speech or inability to communicate verbally, who is provided daily instruction in regular or special classes by a certified teacher of the speech and hearing handicapped.

(4) Hearing impaired--a child with a hearing handicap in the 40 and above decibel range (ISO) whose hearing loss precludes his functioning normally in a regular classroom situation without the supportive services of a resource program.

(5) (i) Visually impaired--a legally blind child with the visual capacity of 20/200 or less in the better eye with the best correction, or a field of vision restricted to a 20 degree arc.

(ii) Partially sighted--a child whose visual acuity in the better eye with best correction ranges between 20/70 and 20/200, including those children who can still function capably with their residual vision and who have a medically indicated progressive visual loss, or a recurring serious medical eye problem affecting acuity and operable eye diseases.

(6) Emotionally disturbed--a child whose condition has been determined to be such by a school psychologist, a psychiatrist; or by an approved mental health clinic.

(7) Physically handicapped--a child who manifests a condition which incapacitates the child and includes orthopedic, neurological, and other medical conditions which result in inability to benefit from the regular educational programs for nonhandicapped children, without some form of special assistance.

Disorders of Mainstreamed Handicapped

No. 1 - The Behavioral Approach

DIRECTIONS: Answer the following questions.
TRUE-FALSE

1. Psychologists can directly observe the human mind.

2. Personality and character traits can explain almost all human behavior.

3. When psychology gets more details about the conditions surrounding a given behavior, the behavior can be predicted and controlled more accurately.

4. Understanding in psychology means explaining and predicting behavior, rather than controlling it.

5. Complete control or cure in psychology is difficult because internal human motivations are not directly observable.

6. Two people who look alike will act alike in the same circumstances.

7. Psychologists can modify past learning but not the effects of past learning.

8. Knowledge of past behavior is a valid predictor of future behavior.

9. Because of ethical constraints, psychology must rely upon both longitudinal and cross-sectional studies to observe behavior and its accompanying circumstances.

10. Private behavior is the same thing as overt behavior.

11. Overt behavior is usually the opposite of what people do, what they say, and how they look.

12. Only young or severely distrubed children use words such as angry, hungry, or sad in a highly idiosyncratic way.

13. A child can be observed accurately only when the child is able to speak and explain what the observed behavior means.

14. Behaviorally oriented psychologists must never deny the existence of private events such as thoughts and feelings in emotionally distrubed individuals.

15. The definition of any social disorder can change historically, culturally, numerically, intensively and socially.

16. Authoritative adults have no right to label a specific behavior as either normal or deviant.

17. Deviant behavior is learned and maintained by reinforcements that are not immediately apparent to the casual observer.

18. Punishment is better at stopping behavior than at encouraging new appropriate conduct.

19. Our society in the 1970's is tolerant of only two inadequacies: namely, lack of intelligence and of self-control.

MULTIPLE CHOCE

1. What does psychology observe?
   A. the human mind
   B. the human body
   C. human behavior

2. Which of the following questions should psychology ask?
   A. Why does he bang his head?
   B. What is forcing him to bang his head?
   C. How does she bang her head?
   D. Under what conditions does she bang her head?

3. Which of the following does not control human behavior?
   A. Heredity, health, and environment
   B. Past learning
   C. External and internal forces
   D. Evil spirits

4. Which of the following refers to the way a human being appears?
   A. Genotype
   B. Phenotype
   C. Chromosomes
   D. Heredity

5. Which of the following is not part of a person's physiological state?
   A. Blood pressure
   B. Hunger, thirst
   C. Anger, joy
   D. Possessions, money

6. Which of the following is easiest to modify?
   A. Chromosomes
   B. Past learning
   C. Environment
   D. Physiological state

7. What does idiosyncratic mean?
   A. Individual or peculiar
   B. Crazy or insane
   C. Mentally retarded
   D. Emotionally handicapped

8. What does a behaviorally oriented person do when someone describes a thought, fantasy, idea, wish, plan or memory as "unhappy"?
   A. Considers the explanation as a personal statement that might be inaccurate.
   B. Trusts the person who reveals this insight.
   C. Tries to cheer the person up.
   D. Explains that "sad" is more accurate.

9. What is the proper term to describe too much of a particular behavior?
   A. Deficient behavior
   B. Excess behavior
   C. Deviant behavior
   D. Normal behavior

10. How should labels be used in describing individuals?
    A. As tentative diagnoses
    B. As absolute diagnoses
    C. As permanent states
    D. As unalterable patterns

ANSWERS

No. 1

T-F

1. F(3)
2. F(4)
3. T(6)
4. F(6)
5. T(6)
6. F(7)
7. F(8)
8. T(8)
9. T(10)
10. F(10)
11. F(10)
12. F(11)
13. F(12)
14. T(13)
15. T(13-14)
16. F(14)
17. T(14)
18. T(15)
19. F(16)

MC

1. C(3)
2. D(6)
3. D(6)
4. B(7)
5. D(8)
6. C(9)
7. A(11)
8. A(12)
9. B(15)
10. A(15)

NOTE

The numbers in parentheses, for example, (7) or (15), refer to a specific page in the first bibliographic reference. Reading this page will give an in-depth explanation to the answer for each question.

BIBLIOGRAPHY

ROSS, Alan. PSYCHOLOGICAL DISORDERS OF CHILDREN. NY : McGraw (1974)

DeBUSK, Christopher and LUCHSINGER, Vincent. VOCATIONAL TRAINING AND JOB PLACEMENT OF THE MENTALLY RETARDED. Washington, DC : Rehabilitation Services Administration, HEW (1973)

BIBLIOGRAPHY

E.S. Katkin. "Instrumental Conditioning of Autonomically Mediated Behavior." Psychological Bulletin V. 70: pp. 52-68 (1968).

Even the most handicapped can adapt to noxious stimuli.

This adaptation can be automatic, for example, pain tolerance, heart rate, or blood pressure.

It can also be conscious, for example, optimism, success plans, extra effort, and super-human effort.

W. Mischel. Personality and Assessment. NY: Wiley (1968).

It is hard to predict success or failure when relying only upon PAST LEARNING.

Even in the same circumstances with nothing changed, the handicapped person can change and grow dramatically.

However, the best way to facilitate change is to remove obvious and apparent barriers that can be altered.

E. Zigler and L. Phillips. "Psychiatric Diagnosis: Psychology. V. 63: pp 607-618 (1961).

All handicapped labels must be
a) based upon meaningful and observable behaviors.

b) used only when necessary to justify special services.

The principle of classification, i.e., labeling, must be made explicit. For example, what is used? State law? Teacher's opinion? Parental request for special services? Secretary's judgment? Deceptive appearances?

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Mainstreaming
the
Handicapped

TOPIC TWO: Special Support Services

I. Extra Help for the Handicapped

II. Review of the Literature

III. Self-Evaluation Quiz

IV. Specific Recommendations: Diagnosis

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INTRODUCTION
TO
TOPIC TWO

Special Support Services

Topic One in this series on mainstreaming provided an OVERVIEW that examined professional and legal definitions of mainstreaming the handicapped in the least restrictive environment.

Topic Two now examines the special support services necessary to provide an education of the "highest quality" to mainstreamed handicapped. This topic examines: practical concerns of educators, self-evaluation on the practical applications of current research, examples of how to provide "extra help," and specific recommendations on the "diagnosis" necessary to recognize "exactly where special help is needed."

OVERVIEW

Here is a summary of this document:

The following is contained.	For complete details see:
I. The views of 15 educators are summarized in short incisive comments.	Page 1
Stress is placed by one educator on the need to provide job placement which begins several years before graduation.	Page 2
II. These views are backed up by a review of literature showing how labeling and classification must take second place behind the provision of special services to mainstreamed handicapped students.	Page 3
III. A self-evaluation quiz is provided. This will help the reader see how up-to-date one's concepts of normal vs. handicapped are in comparison to 1977 research summarized in textbooks and current periodicals.	Page 5
Answers are provided to the quiz.	Page 7
IV. Specific recommendations are made concerning the DIAGNOSIS of the need for special services.	Page 8

Special Services in Mainstreaming Programs

1. To succeed, students with special needs require extra help. This additional assistance can be referred to as special services.

2. The administration must provide leadership. This can mean money, time, encouragement, personnel, scheduling, and access. Clear channels of communication are necessary to get concise and consistent answers to requests for help.

3. Special education instructional materials centers are good central places to concentrate things and other resources for the handicapped.

4. Terminology can help provided it doesn't degenerate into labeling. Terms that pinpoint needs are preferable to labels that imply "It always was like this and this person will never change."

5. When a handicapped person is ready to graduate, the student is ready for a job:

   a. A list of such students can be developed.
   b. A file can be developed for each graduate.
   c. Parents can be approached to get permission for the students placement. Over-protective parents are often initially opposed to jobs.
   d. The Office of Vocational Rehabilitation (OVR) can be of help in finding placement opportunities.
   e. Follow-up can keep track of successfully placed graduates.
   f. Success on one job leads to another job for the same person or for next year's graduates.
   g. Almost three times as much time is required to place handicapped students.

6. Doing a good job is rewarding. Talking to other people is a growth experience. Even when someone else pays the salary, the employer must still contribute encouragement, motivation, and special attention.

7. When competency testing and modular learning are available, mainstreaming is easily accepted. The point is, "How well has the student learned?" The secondary question is, "How long did it take to learn?" The emphasis is "Does the student have marketable entry level job skills?" The employer seldom asks, "Does the student KNOW everyting in the trade?"

8. Guidance supplements individual counseling by giving attention to group needs and abilities. Psychological services are available for referral and consultation as needed. A harassed over-committed counselor is not always free to help.

9. In-service training or staff development must be geared to several levels of teachers: beginners, veterans, and near-retirees. All three levels could benefit from a course on understanding why handicapped students can react violently to stimuli that might not be even noticed by more active and less immobile individuals who are less introspective.

10. Facilities can back up a competent staff. Providing physical education as a student motivator can integrate students into the mainstream of the school. Creativity and imagination in using and reusing existing facilities are just as important as new construction or remodeling. 20

11. Safety factors impose highly structured limitations within which handicapped students must learn to function.

12. Environmental deprivation must be counter-acted by facilities and equipment that respond to perceived needs.

13. Transportation to the special education center is a must. This expensive item can function as an "invisible screening" device if it is not accepted as a necessity.

14. Hands-on evaluation is necessary to "push" the handicapped person to the limits of the individual's abilities.

15. Patterns exist in spite of variations. Some places have an organized and structured program; others have none. Some have both exploration and single trade courses; others have the same things under different names. Some places change the program; others try to make the student fit in.

Review of the Literature on Labeling and Classification Subordinated to the Provision of Special Services

C.K. Conners. "Symptom Patterns in Hyperkinetic, Neurotic, and Normal Children." Child Development. V. 41: pp. 667-682 (1970).

> All children have special needs, and problems.
>
> Abnormal behavior and deficiencies, are found frequently in so-called normal children.
>
> Any handicap — especially the most severe — is only one aspect of a child's educational needs.

L.C. Miller. "Louisville Behavior Checklist for Males, 6-12 years of Age." Psychological Reports. V. 21: pp. 885-896 (1967).

> The average child manifests between 11 and 13 deviant behaviors.
>
> Many handicapped children are above normal in their super-human adjustment patterns.

D.R. Peterson. "Behavior Problems of Middle Childhood." J. of Consulting Psychology. V. 25: pp. 205-209 (1961).

> Adults use arbitrary standards in deciding what is normal or not?
>
> If adults accept the mainstreamed handicapped child, the student's chances of success are increased.

J.S. Werry and H.C. Quay. "The Prevalence of Behavior Symptoms in Younger Elementary School Children." American J. of Orthopsychiatry. V. 41: pp. 136-143 (1971).

> The same person as a teacher might over-react to a behavior in a student that would be overlooked and ignored in one's own child.
>
> If teachers treat handicapped students just like anyone else, progress towards normal adjustment can be expected.

NOTE:

If you haven't got time to read these related readings, take the following self-evaluation quiz and see how much you already know. The correct answers are given. Cross-references are made to the standard text: A.O. Ross, Psychological Disorders of Children. NY: McGraw-Hill (1974). These cross references are page numbers in Ross that refer to similar research.

No. 2 - Classification of Behavioral Disorders

DIRECTIONS: Answer the following questions.

TRUE-FALSE

1. A taxonomy is an understandable and uniform system of classification.
2. A taxonomy of behavioral disorders must classify not only human behavior but also people's judgment about behavior.
3. One can assume that most behavior called to the attention of professional psychologists, psychiatrists, and mental health workers is abnormal.
4. Most child guidance clinics report that more problems are documented for boys than for girls.
5. Some researchers have concluded that the average child in the normal population manifests approximately a dozen deviant behaviors.
6. Typical results of problem checklists and scales indicate that boys have more problems than girls in the areas of aggression and learning disability while in school.
7. Deviant behavior is "situation-specific"; for example, parents at home tolerate behavior teachers in school reject as being aggressive, selfish, anti-social, and over-active.
8. Many observable childhood problems seem to disappear or improve in two years even without professional help.
9. Some problems are solved for some children merely by making parents and adults more tolerant and less judgmental.
10. Aggressive behavior is composed of deficient approach responses.
11. Withdrawn behavior is composed of excessive avoidance responses.
12. Juvenile delinquency is composed of deficient responses in the area of self-control over unacceptable behavior.
13. If the assumptions behind a specific analysis are changed, the resulting factors or clusters can be expected to change.
14. The two most commonly recurring behavioral problems identified in checklists are personality problems and conduct problems.
15. The term "halo effect" describes a bias in rating arising from the tendency of a rater to be influenced in specific ratings by the rater's general impression of the person being rated.
16. How a person's personality is perceived by others depends upon how the person behaves in social situations. Personality includes appearance, habits, attitudes, interests, values, and knowledge.

MULTIPLE CHOICE

1. Why are taxonomies necessary?
   A. To provide acceptable working definitions
   B. To provide a basis for comparing data
   C. To count how often something occurs
   D. To organize available information systematically

2. How do psychologists describe most attempts to define WHAT is NORMAL?
   A. Arbitrary
   B. Relative
   C. Clinically biased
   D. Open to criticism
   E. Definitive statements

3. Which of the following problems are reported more frequently in child clinics for girls than for boys?
   A. Physical aggression
   B. Hyper-activity
   C. Shyness and seriousness
   D. Physical complaints
   E. Seriousness and jealousy

4. Which of the following problems have been found just as often in the general population as in clinically treated "problem" children?
   A. Restlessness
   B. Schizophrenia, paranoia
   C. Bed-wetting
   D. Over-eating, nail-biting
   E. Nightmares, worries, fears
   F. Autistic isolation

5. Which of the following statements are true?
   A. Statistics provide absolute accuracy instead of estimates
   B. A mean is an average
   C. A median is the halfway score
   D. A mode is the most frequently recurring score
   E. Scores less than one standard deviation above or below the mean are definitely average or normal mathematically and statistically
   F. Sixty-eight percent of the normal general population are within one standard deviation of the mean; 34% are above the mean; 34% are below the mean.

6. Which of the following problems are describable as deficient behavior?
   A. Aggressive behavior
   B. Early infantile autism
   C. Juvenile delinquency
   D. Mental subnormality
   E. Optimism
   F. Psychophysiologic disorders
   G. Psychotic disorders
   H. Taxonomy
   I. Learning difficulties
   J. Withdrawn behavior

7. Which of the preceding problems are describable as excess behavior? (Use the choices A to J given above)

8. What kind of items are sought in factor analysis? Items that:
   A. Correlate significantly
   B. Contradict
   C. Contaminate
   D. Cluster
   E. Occur together
   F. Seem related one to the other
   G. Cancel each other out
   H. Assemble around each other
   I. Group themselves together
   J. Might be related as cause and effect
   K. Can share a common label meaningfully

9. What are the two most common clusters or factors of behavioral problems that recur over and over again in dozens of problem checklists and clinical surveys?
   A. Learning difficulties
   B. Conduct problems; for example, aggression, that is, excessive approach responses
   C. Personality problems; for example, withdrawal, that is, excessive withdrawal responses
   D. Psychotic disorders

ANSWERS

No. 2

T-F

1. T (17)
2. T (18)
3. F (19)
4. T (19)
5. T (21)
6. T (21)
7. T (22)
8. T (23)
9. T (24)
10. F (44)
11. T (44)
12. T (46)
13. T (26-27, 45)
14. T (24-44)
15. T (26, 46)
16. T (250)

MC

1. A, B, C, D (17)
2. A, B, C, D (19)
3. C, D, E (20)
4. A, C, D, E (20)
5. B, C, D, E, F (22-23) (24)
6. B, C, D, F, I (47)
7. A, G, J (47)
8. A, D, E, F, H, I, J, K (25-28)
9. B, C (24-44)

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SPECIAL SERVICES

1. Even the most experienced educator can make generalizations that are not substantiated by observations.

2. Labeling is never an adequate substitute for observation.

3. Here are some observable characteristics that could be used as the basis for special services to mainstreamed handicapped students.

Give special services, including vocational assessment, to students that:

A. Are 15 years or older, and above age for their grade level.
B. Experience and report academic, adjustment, emotional, mental, or physical difficulty.
C. Are enrolled in the ninth grade level, or above, in the special education program.
D. Cannot specify strong or weak vocational skills and interests.
E. Express unrealistic vocational goals.
F. Have experienced failure in employment, whether part-time or full-time.
G. Have experienced failure in a work-study or cooperative program.
H. Cannot discuss a wide range of occupational choices and careers.
I. Do not exhibit appropriate work behavior, attitude, or knowledge.
J. Lack a sense of direction in a workable occupation program plan.
K. Meet legal definitions of one or more handicapping conditions.

Give special services, including remedial education, to students that:

L. Lack the following skills
    1. Reading
    2. Writing
    3. Arithmetic
    4. Relating to peers
M. Perform below grade level.
N. Come from a home whose income is at or below the national poverty level.
O. Come from homes where parents are unemployed.
P. Are recipients of public assistance.
Q. Are institutionalized or under state quardianship.
R. Are above age for their grade level.

4. This stress on the OBSERVABLES should result in increased special support services that meet clearly discernible needs of handicapped students mainstreamed in occupational education.

5. Even though the literature emphasizes factor analysis, clusters, and hypothetical constructs, the practitioner must stick with observable and documentable behavior.

Mainstreaming
the
Handicapped

Topic Three: TEACHER ROLES

I. Teacher Concerns

II. Teacher Competencies

III. Bibliography on Teacher Roles

IV. Self-Quiz on Current Research

V. Diagnosis Components

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INTRODUCTION
TO
TOPIC THREE

Teacher Roles

Topic One in this series on mainstreaming provided an OVERVIEW that examined professional and legal definitions of mainstreaming the handicapped in the least restrictive environment. It focused on baseline and standard terminology that must precede both formal and informal diagnosis.

Topic Two examined the SPECIAL SUPPORT SERVICES necessary to provide an education of the "highest quality" to mainstreamed handicapped. Specifically, it examined: practical concerns of educators, self-evaluation on the practical applications of current research, examples of how to provide "extra help," and specific recommendations on the "diagnosis" necessary to recognize "exactly where special help is needed."

Topic Three now examines TEACHER ROLES. Specifically, it examines teacher concerns and teacher competencies in the perspective of an up-to-date annotated bibliography on teacher roles. The end product of this analysis is a renewed emphasis on the type of "diagnosis" necessary to recognize "exactly what teachers should do and should not do."

OVERVIEW

The following information identifies the contents of this document and where to find the material described.

IMPORTANT COMPONENTS	For more details, see:
I. Teacher Concerns The concerns voiced by nine teachers of mainstreamed handicapped students are summarized in short telegram-like statements.	Page 1
II. Teacher Competencies The skills administrators demand of teachers of mainstreamed handicapped students are specified.	Page 2
III. Bibliography on Teacher Roles Annotated summaries spell out what roles, expectations and inter-personal skills are needed by teachers of mainstreamed handicapped students.	Page 3
IV. Self-Quiz The first set of questions enables teachers to check out common stereotypes.	Page 5
A second set of questions helps teachers brush up on terminology and research findings.	Page 6
An answer key and short bibliography is provided for a quick assessment.	Page 7
V. Diagnosis Components An in-depth analysis of the monumental research of Thomas and others is presented in a quick quiz format.	Page 8
An answer key is provided with cross-references to A.O. Ross, Psychological Disorders of Children, NY: McGraw-Hill (1974)	Page 10

The Teacher's Role in Mainstreaming

1. The teacher needs data to distinguish between a few handicapped in the same old course and a lot of handicapped in a "learn at your own speed" environment.

2. Teachers learn quickly. "Last year, these special students were in special classrooms with a 1 to 9 teacher to student ratio." Then, a discovery is made. "This year, I have my regular class of 15 plus 8 handicapped." This causes resentment. "Why should I have to give extra time and effort when I get so many students who need so much attention."

3. To get a job, a student needs job skills such as neatness and punctuality. The teacher must be able to individualize. This means giving special treatment to each member of a large group. Some handicapped can only learn in a protected environment. Others can go on to regular programs, complete the sequence, and get a job.

4. Teachers must not only teach individually; they must also TEST individually. The tests are skill-oriented: Can the person perform? The tests are DATA-oriented: Can the student learn by doing while working? The tests are PEOPLE-oriented: Can the graduate get along with co-workers, supervisors, and society? The tests are THINGS-oriented: Can the applicant function effectively within the resources available?

5. Teachers are hired to teach a trade. Yet, the same teachers are also expected to function as special educators. "What works with one student doesn't always work with another!" Similarly, "What works with one student doesn't always work in a group!"

6. Teachers are human. Training helps make the job easier. Someone trained in a trade needs to communicate with someone else trained in special education. The two viewpoints are not mutually exclusive. The trade can set standards. The special education viewpoint can say, "Don't lower the standards, but allow more time to achieve success."

7. Dependent upon the degree of handicapping conditions and of discipline problems, the teacher can meet only the minimum instead of the maximum. Some teachers can handle more than others. These teachers are patient, understanding, flexible, and adaptable. With a special class, the teacher must be totally alert and aware of responsibilities.

8. Certain basic proficiencies must be acquired. The learner must be competent, confident, and careful. The teachers can help learners achieve these needed attitudes, skills, and knowledge.

9. Modularized curriculum gives the student a chance to learn any skill, whether it takes six months or even six years, without being branded FAILURE or INCOMPLETE or SLOW and STUPID. Whoever learns something is thereby more COMPETENT, no matter how long it took to learn it well.

Skills Demanded of the Teacher

Based upon the needs handicapped children bring to the classroom, it is possible to outline the skills demanded of the regular teacher:

-- Teachers should understand how a handicap affects a child's ability to learn in the classroom, in cooperative work experience, and with employers.

-- Building on this understanding teachers need to become competent in recognition of handicaps and prescription of learning experiences. They will need to be able to identify specific conditions and prescribe appropriate instructional experiences. The level of sophistication in this area need not be high, as expert advice and support should be available through one of many possible delivery models.

-- In conjunction with diagnosis and prescription of learning experiences, regular classroom teachers will need skills in the individualization of instruction. The variance posed by handicapped children necessitates at least some degree of individualization, requiring a familiarity with resources and instructional materials for handicapped children.

-- Teachers will need a better understanding of the emotions of handicapped children. Not only must they be able to empathize with the handicapped but they must be able to focus a part of the educational experience on the child's emotional development.

-- Teachers need to develop a conceptual and practical understanding of the process of mainstreaming. Integral to this is the development of a new understanding of the role of the special education teacher as a consultant and resource person. Perhaps most importantly, teachers will need to develop competence and self-confidence in dealing with handicapped children based upon skills developed through experience, additional in-service training, and use of support services.

-- Finally, teachers will need to be able to apply this collective understanding in their interactions with parents of the handicapped and with nonhandicapped children in the classroom.

Bibliography
on
Teacher
Roles,
Competencies,
and
Inter-Personal
Skills

Thomas, A.; Chess, S; Birch, H.G; Hertzig, M.E.; and Korn, S. Behavioral Individuality in Early Childhood. NY: N.Y. University Press (1963).

A. Each child has a unique temperament which influences adjustment.

B. Each temperament is analyzable on a number of fundamental dimensions observable in daily life.

C. The uniqueness of the mainstreamed handicapped student must be recognized
in early life predispositions;
in Lifelong habits and patterns; and
in successful achievements.

D. The stereotyped preconceptions about any specific handicap are poor places to begin.

Cattell, R. B. Personality: A Systematic Theoretical and Factual Study. NY: McGraw-Hill (1950).

A. All behavior has 3 facets:
1. HOW it finds expression; outlets.
2. WHY it happens; motives.
3. WHAT happens; content.

B. All 3 facets can be changed and modified within limits.

C. The slow process of operant conditioning is an effective way to effect permanent change for the better in any handicapped child.

Yarrow, M.R.; Waxler, C.Z.; and Scott, P.M. "Child Effects on Adult Behavior." Developmental Psychology. 5:300-311 (1971).

A. The child's life style can affect behavior of parents and teachers.

B. In turn, the child is affected by this "modified" adult conduct. Then, the cycle begins again.

C. The teacher who expects success from a mainstreamed handicapped child gets more success than the teacher who expects very little.

D. Attitudes can change people: self and others.

Ross, A.O. The Practice of Clinical Child Psychology. NY: Grune and Stratton. (1959).

A. Each child is an unique individual, even before birth.

B. Uniqueness manifests itself in activity, rhythm, initial reactions, adaptability, intensity, mood, and habits.

C. It is a mistake to imagine that any one technique or method will work with all handicapped students in the typical mainstreamed setting.

MAINSTREAMED HANDICAPPED

No. 3 Constitutional Factors

DIRECTIONS: Answer the following questions.

TRUE-FALSE

1. It is reasonable to suspect that individual differences in behavioral style which interact with the social environment are an important factor in the development of behavior disorders.

2. The stage is set for conflict and discord when the child's behavioral style MISMATCHES the expectations or tolerances of the parents.

3. Researchers have found that the child dimension of activity-passivity is relatively independent of parent-child relationships.

4. Behavioral psychologists seldom give the impression that environmental influences are solely responsible for the development of behavior.

5. A "difficult child" for one set of parents may be "just right" for two other parents.

6. The child's innate behavioral style at birth must be accepted as inevitable and unshapable.

7. Older children can learn enough about themselves and their temperament to work around these predispositions.

8. Parental acceptance of the child's temperamental characteristics in a framework of reasonable expectations and discipline can permit the child to adapt at the child's own pace to the demands of the environment.

9. Parents more readily seek professional help for problem children whose disorders are visible to the outside world than for children whose errant behavior could go unnoticed.

10. Children referred to a clinic for behavioral problems after the age of 5 years tend to be more abnormal than those referred before the age of 5 years.

11. The specific combination of behavior styles in a given child is more inducive to behavior problems than the interaction of these styles with the child's environment.

12. Thomas, Chess, and Birch remind those who work with children that the child's constitution received at birth makes an important contribution to and impact on the interaction with the child's environment.

13. Behavioral individuality in childhood means that even a handicapped baby can fight back in some way against the child's environment.

MULTIPLE CHOICE

1. Which of the following individual differences seem to be present from birth?
   A. Activity level
   B. Motility; movement capability
   C. Frequency of crying
   D. Amount of food intake
   E. Sleep-wake cycle
   F. Reading readiness
   G. Career choice

2. What is the child's behavior?
   A. An immutable characteristic
   B. The result of the environment shaping a tabula rasa child
   C. The result of many influences on an already existing style and predisposition
   D. The manifestation of what happens when a non-changing environment encounters a completely plastic and formless child.

3. Which of the following vary from child to child at birth?
   A. Rhythmicity of biological functions
   B. Approach or withdrawal reactions to new stimuli
   C. Adaptability
   D. Intensity of reaction
   E. Threshold of responsiveness
   F. Mood quality
   G. Distractibility
   H. Attention span
   I. Persistence
   J. Prudence
   K. Justice

4. Which of the following traits seem to characterize children called "difficult" by their parents?
   A. Irregularity and unpredicatability
   B. Non-adaptability to new stimuli or situations
   C. Withdrawal responses
   D. Predominantly negative moods of high intensity
   E. Constant smiling and pleasant laughing
   F. Regular toilet habits

5. What does threshold mean?
   A. The point at which a stimuli or effect is large enough to be noticed
   B. Very small stimuli will be noticed even when one is distracted
   C. Some stimuli are too small to be noticed by the person with normal sensitivity
   D. The intensity of the stimulus that is required to elicit an observable response

6. What does limen mean?
   A. Exactly the same thing as threshold
   B. The opposite of threshold
   C. The minimum difference between stimuli that a given person can distinguish between
   D. Very large stimuli
   E. Differences a person can recognize
   F. The quality possessed by a person who notices every little change

7. What do anlage (singular) and anlagen (plural) mean?
   A. The first recognizable commencement of a developing part or organ in an embryo
   B. Full grown habits
   C. Constitutional predispositions
   D. Foundation of a subsequent development

8. What is the meaning of "post hoc, ergo propter hoc"?
   A. The principle of all causality
   B. The fallacy of arguing from time sequence to a cause - and - effect relationship
   C. The error of saying "Since B happened after A, then A caused B"
   D. The habit of documenting correlation without claiming a discovery of a cause that always leads to a given effect

ANSWERS

No. 3

T-F

1. T (49)
2. T (50)
3. T (50)
4. F (50)
5. T (61, 59-60)
6. F (61)
7. T (61)
8. T (60)
9. T (56)
10. F (57-8)
11. F (58)
12. T (61)
13. T (49-61)

MC

1. A, B, C, D, E (49)
2. C (50)
3. A, B, C, D, E, F, G, H, I (61)
4. A, B, C, D (58-9)
5. A, C, D (54)
6. C, E, F (54)
7. A, C, D (50)
8. B, C (50)

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MAINSTREAMED HANDICAPPED

A Review of the Research

DIRECTIONS: Answer the following:

TRUE-FALSE

1. Thomas, Chess, Birch (1968) and Hertzig, & Korn (1963) did the following: (Answer each part separately.)
   A. Studied for 10 years 136 children whose mean IQ was 127.
   B. Conducted a cross-sectional, not a longitudinal study, in order to follow the development of each child.
   C. Studied only retarded children representative of the general population.
   D. Started with no children older than 3.3 months and none less than 2.5 months.
   E. Avoided all parental and teacher interviews and all school observations.
   F. Condemned the Stanford-Binet IQ exam.
   G. Used independent observers to validate the information given in 20% of parental interviews.
   H. Used only interviewers and observers who knew the child's complete previous history and behavior.
   I. Focused on factual descriptions of actual behavior.
   J. Accepted inferences as to the "meaning" of the behavior.
   K. Recognized individual patterns of behavioral style.
   L. Singled out the child's first response to a new stimulus.
   M. Followed up subsequent reactions to the same stimulus.
   N. Analyzed only 22 parental interviews to establish nine categories of behavioral style called "temperamental characteristics."
   O. Provided data that reminded researchers of the contribution the child makes to the interaction with the child's environment.

2. ACTIVITY LEVEL
   A. Refers to level, tempo, and frequency of general motility.
   B. Can be reliably (consistently) rated on a 3-point scale (high, low, average.)

3. RHYTHMICITY
   A. Refers to the regularity with which repetitive biological functions (sleep, wake, eat, eliminate) occur.
   B. Can be scaled regular or irregular.

4. APPROACH or WITHDRAWAL
   A. Refers to the child's initial response to a new stimulus (food, toy, people, places, or procedures).
   B. Is based only upon parental reports.

5. ADAPTABILITY
   A. Refers to the modification of the initial response.
   B. Can be rated as adaptable or non-adaptable.

6. INTENSITY OF REACTION
   A. Refers to positive or negative aspects.
   B. Excludes reaction of external stimuli and internal stimuli (such as deprivation and satiation).

7. THRESHOLD OF RESPONSIVENESS
   A. Refers to the intensity of the stimulus necessary to elicit an observable response.
   B. Can vary from sense to sense (e.q., high for visual and low for auditory).
   C. Includes LIMEN, i.e., the smallest difference discriminated between stimuli.

8. QUALITY OF MOOD
   A. Refers to the difference between friendly, pleasant, joyful (smile and laugh) and unfriendly, unpleasant, sad (frown and cry).
   B. Is based on inferred states rather than on surface behaviors.

9. DISTRACTIBILITY
   A. Refers to the ease or difficulty with which ongoing behavior can be interrupted.
   B. Can be triggered by parents or environment.

10. ATTENTION SPAN and PERSISTENCE
   A. Are identical
   B. Refer to the length of time a given activity is pursued (Attention Span).
   C. Refer to maintaining an activity despite interruptions and obstacles (Persistence).
   D. Are reciprocal.

11. Intensity, adaptability, and mood quality are highly correlated with the other categories.

ANSWERS

T-F

1.	A.	T	(51)	
	B.	F	(51)	(Q 1)
	C.	F	(51)	(Q 2)
	D.	F	(51)	
	E.	F	(51)	
	F.	F	(51)	
	G.	T	(51)	
	H.	F	(51)	
	I.	T	(52)	
	J.	F	(52)	
	K.	T	(52)	
	L.	T	(52)	
	M.	T	(52)	
	N.	T	(52)	
	O.	T	(61)	
2.	A.	T	(52)	
	B.	T	(52)	
3.	A.	T	(52-3)	
	B.	T	(52-3)	
4.	A.	T	(53)	
	B.	F	(53)	
5.	A.	T	(53)	
	B.	T	(53)	
6.	A.	F	(54)	
	B.	F	(54)	
7.	A.	T	(54)	
	B.	T	(54)	
	C.	T	(54)	
8.	A.	T	(54)	
	B.	F	(54)	
9.	A.	T	(54)	
	B.	T	(54)	
10.	A.	F	(54)	
	B.	T	(54)	
	C.	T	(54)	
	D.	T	(55)	

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Two bibliographies are attached to this guide.

Bibliography I deals with educable mentally retarded (EMR) students mainstreamed into regular classrooms in occupational and other programs. EMR students constitute the largest single group currently mainstreamed in occupational education. Of special note is the fact that almost all of these citations evaluate the success of mainstreaming by trying to determine whether the program helped handicapped individuals master the skills necessary for independent living both on and off the job in normal everyday unsheltered environments. In other words, the acid test of mainstreaming is not occupational educability in school but success in getting and keeping a worthwhile, meaningful, and rewarding job that leads to an independent lifelong career path.

The classical studies by W. R. Baller show the kinds of effects mainstreaming can have on EMR students thirty years after graduation. Even back in 1931, R. J. A. Berry and R. G. Gordon realized the importance of independence over good grades for EMR's. This is what H. J. Grossman defined as adaptive behavior, i.e., the ability to meet the standards of self-sufficiency and social responsibility expected of all citizens and voters.

Readers who track down the other items in Bibliography I will find practical insights, suggestions, practices, and guidelines for success in mainstreaming.

Bibliography II focuses on mainstreaming. The sources cited deal with all handicapped populations. Several of the reports listed detail what is operational and planned outside New York State.

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